

STATE OF CALIFORNIA
BUSINESS TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
OCCUPATIONAL LICENSING PROGRAM



APPLICATION FOR OCCUPATIONAL LICENSE
CHANGE, CORRECTION, OR REPLACEMENT

SECTION 1 - PURPOSE OF APPLICATION SUBMITTED

CHECK THE APPROPRIATE BOX(ES) TO INDICATE THE PURPOSE OF THE APPLICATION SUBMITTAL, AND FOLLOW THE INSTRUCTIONS PROVIDED.

- ☐ LICENSEE PERSONAL NAME CHANGE (Complete Sections 2 and 8. For salesperson, attach old license. Fee is \$45.)
☐ LICENSEE CHANGE OF RESIDENCE (Complete Sections 3 and 8. For salesperson, attach old license. Fee is \$45.)
☐ SALESPERSON TERMINATION (Dealer: Complete Section 4, return license to salesperson. No fee required.)
☐ SALESPERSON EMPLOYMENT CHANGE (Dealer: Complete Section 5; Salesperson: Complete Sections 7, 8, and attach old license. Fee is \$45.)
☐ BUSINESS NAME OR MAILING ADDRESS CHANGE (Complete Sections 6 and 8, attach old license(s). Fee is \$45.)
☐ REPLACEMENT LICENSE (Complete Sections 7 and 8, attach old license if available. Fee is \$45.)

NOTE: COMPLETE SECTION 9 IF THE OLD LICENSE IS NOT ATTACHED WHEN REQUIRED.

NOTICE OF FEES DUE: Fees pursuant to California Code of Regulations, Title 25, Division 1, Chapter 4, Section 5040 must be included when submitting this form.

SECTION 2 - LICENSEE PERSONAL NAME CHANGE Print or Type EFFECTIVE DATE _____

NEW NAME _____ LICENSE NO. _____
First Middle Last

FORMER NAME _____

SECTION 3 - LICENSEE CHANGE OF RESIDENCE Print or Type EFFECTIVE DATE _____

LICENSE NO. _____

NAME _____ TELEPHONE (_____) _____
First Middle Last

NEW RESIDENCE ADDRESS _____
Address City State ZIP Code

MAILING ADDRESS (If different) _____
P.O. Box or Address City State ZIP Code

SECTION 4 - SALESPERSON TERMINATION Print or Type EFFECTIVE DATE _____

SALESPERSON NAME _____ SALESPERSON LICENSE NO. _____
First Middle Last

DEALERSHIP NAME (DBA) _____ DEALER LICENSE NO. _____

DEALER'S SIGNATURE _____
Signature Type or Print Name Title Date

SECTION 5 - SALESPERSON EMPLOYMENT CHANGE Print or Type EFFECTIVE DATE _____

SALESPERSON NAME _____ SALESPERSON LICENSE NO. _____

DEALERSHIP NAME (DBA) _____ DEALER LICENSE NO. _____

DEALER'S SIGNATURE _____
Signature Type or Print Name Title Date

SECTION 6 - BUSINESS NAME OR MAILING ADDRESS CHANGE Print or Type EFFECTIVE DATE _____

☐ Individual ☐ Partnership ☐ Corporation* ☐ Limited Liability Company*

* Attach applicable corporate minutes or articles of organization/operations agreement that show the change(s).

NEW NAME (DBA) _____ EFFECTIVE DATE _____

FORMER DBA NAME _____

NEW CORPORATE NAME (If applicable) _____ EFFECTIVE DATE _____

FORMER CORPORATE NAME (If applicable) _____

PLACE OF BUSINESS ADDRESS _____
Address City State ZIP Code

NEW MAILING ADDRESS _____ (_____) _____
P. O. Box or Address City State ZIP Code Telephone

SECTION 7 - REPLACEMENT LICENSE

LICENSEE NAME _____ LICENSE NO. _____

ADDRESS _____ LICENSE TYPE _____

MAILING ADDRESS (If different) _____

REPLACEMENT IS DUE TO: ☐ LOSS ☐ MUTILATION ☐ ERROR ☐ NEW EMPLOYING DEALER

IF ERROR, EXPLAIN _____

SECTION 8 - APPLICANT CERTIFICATION

I, _____, certify under penalty of perjury that the information
Type or Print Full Name
contained herein is true and correct to the best of my belief.

Signature _____ Date _____

SECTION 9 - STATEMENT OF FACTS

I, _____, the undersigned, hereby declare that I am unable to surrender
Type or Print Full Name
the license required to be returned with this Application for Occupational License Change, Correction or Replacement
because: _____

I further acknowledge that said license remains the property of the Department of Housing and Community Development.
Should this license be located or come into my possession at a later date, I will surrender it to the nearest Department of
Housing and Community Development Office. I certify under penalty of perjury that the foregoing is true and correct.

Executed on _____ at _____
Date City State

Signature _____

NOTICE OF FEES DUE: Fees pursuant to California Code of Regulations, Title 25, Division 1, Chapter 4, Section 5040 must be attached. Submittals
for multiple changes to the same license require only one fee.